

Vermont State Hospital Policy		DRAFT 070609	B11
Escorting Patients Policy			
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Policy Statement

It is the policy of VSH to provide a safe and secure treatment environment and ensure that staff maintain appropriate supervision of patients when they escort patients to sites on or away from VSH.

In limited circumstances, VSH will also allow trained volunteers to escort patients off of the VSH Hospital and Grounds (see Levels of Autonomy and Supervision Policy). In all instances VSH will ensure that patients are escorted in the least restrictive and most dignified means possible.

Purpose

The purpose of this policy is to ensure a standardized and consistent process for staff and volunteers to escort patients while they are out of the secure residential and treatment area. For the purposes of this policy, escort means direct supervision on of patients who are out of the secure residential and treatment area. The escort policy applies both when patients walk on and off the Hospital Grounds and when patients are transported in a VSH vehicle. Escort to off-site activities or appointments involving vehicle transport is further detailed in the **VSH Transporting Patients Policy**.

Procedures:

I. Individual and Group Escort

- A. Staff members are assigned to escort patients either in supervised groups or individually.
- B. Staff may not use any mechanical restraints for the routine escort of patients.
- C. Staff assigned to a group or to an individual patient shall obtain a 2-way radio if they are going to remain on Hospital and Grounds. Staff will test the radio with the switchboard before leaving with the group or patient. Staff will obtain a cell phone if they will be leaving Hospital and Grounds.
- D. Consistent with the assigned level of autonomy, the charge nurse will approve an individual patient or a group of patients that are identified to leave the secure residential and treatment area with the assigned staff member(s). The charge nurse will ensure that the staff-to-patient ratio is no less than two staff person for every group of up to five patients. Exceptions will be per written order of the attending physician.
- E. The charge nurse shall evaluate, using available clinical information, staff report, or direct observation the mental status of each patient before the patient leaves the secure residential and treatment area. The purpose of this evaluation is to ensure that

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the patient's mental status is consistent with the patient's current treatment plan and physician's order related to level of autonomy.

- F. The charge nurse and an on-call physician may exercise clinical discretion and judgment to further reduce level of autonomy if either discipline determines that clinical presentation supports a reduction in a patient's level of autonomy. The charge nurse or on-call physician must document any reduction in level of autonomy in the medical record and bring the change in level of autonomy to the attention of the patient's treatment team. The attending physician in consultation with the treatment team has authority to determine whether a change in level of autonomy is appropriate. Refer to the **Levels of Autonomy and Supervision Policy** for guidance
- G. Staff escorting an individual patient off the secure residential and treatment area will remain within arm's length of the patient at all times while the patient is off the secure residential and treatment area. Staff escorting a group of patients off the secure residential and treatment area will keep all patients in the group within eye sight and no patient may be more than 25 feet from a staff person.
- H. In the event that a patient needs to use the bathroom, one of the staff members shall maintain voice contact with the patient while the patient is in the bathroom. When escorting in a group, the other staff member will continue to observe the rest of the group.
- I. A staff member will immediately contact the switchboard if a patient leaves the group and does not respond to encouragement to return to the group. A staff member will pursue the patient who has left the group only if there is another staff member present who can stay with the group. Refer to **VSH Late Return/Elopement Policy** for patient elopement.

II. Patient Escorted by a Volunteer

- A. In limited circumstances, trained VSH volunteers are assigned to escort a patient off Hospital and Grounds and into the community. (see *Levels of Autonomy and Supervision Policy*).
- B. Volunteers escorting an individual patient off the secure residential and treatment area and/or off Hospital and Grounds will remain within 10 feet of the patient at all times unless otherwise specified in the patient's plan (it would not be treatment plan as it does not occur often enough to keep pace with the dynamic change over time for excursions. I am unsure what to call the "plan")...
- C. Volunteers will obtain a cell phone if they will be leaving Hospital and Grounds.
- D. Prior to leaving the unit, the charge nurse shall evaluate, using available clinical information, staff report, or direct observation, the mental status of each patient before the patient leaves the secure residential and treatment area. The purpose of this evaluation is to ensure that the patient's mental status is consistent with the patient's current treatment plan and physician's order related to volunteer supervised community access.
- E. The charge nurse and an on-call physician may exercise clinical discretion and judgment to disallow the volunteer supervised community access if either discipline determines that clinical presentation supports a restriction in the patient's autonomy. The charge nurse or on-call physician must document any restriction of the patient's autonomy in the medical record and bring the change in level of autonomy to the attention of the patient's treatment team. Refer to the **Levels of Autonomy and Supervision Policy** for guidance

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III. **Escorting Patients to legal proceedings on the Waterbury State Office Complex**

- A. There are occasions when hospital personnel will escort patients to and from court hearings on the Waterbury State Office Complex. Most patients can be escorted to hearings following the **Escorting Patients Policy**.
- B. Staff may not use any mechanical restraints for the routine escort of a patient to a legal proceeding.
- C. Staff members escorting patients to legal proceedings are expected to intervene in emergency situations to prevent harm to patient and/or others following the **Emergency Involuntary Procedures Policy**. In an emergency, staff shall radio the switchboard for assistance.
- D. Law enforcement personnel may be utilized to escort a patient to a legal proceeding on the Waterbury State Office Complex if the attending physician has determined that the use of a less restrictive escort method would present a risk of physical harm to the patient and/or to others by elopement or other behaviors. The physician must document the patient's risk(s) and the necessity for using law enforcement in a physician's order and in a progress note. The physician should confer with the Legal Division in making a determination regarding the use of law enforcement to escort the patient. The physician's determination of the necessity of using law enforcement must be based on the patient's mental status and risk(s) that exist at the time of the court hearing.